

OFFICIAL ALE
ILLINOIS COMMERCE COMMISSION

ORIGINAL

00-6039

Docket No.

ICC Office Use Only

ACN Communication Services, Inc.

Application for a Certificate of
Interexchange Authority to operate
as a Reseller of Telecommunications
Services in the State of Illinois.

CHIEF CLERK'S OFFICE

JAN 18 10 5 AM '00

ILLINOIS
COMMERCE COMMISSION

APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER

GENERAL

1. Applicant's Name(including d/b/a, if any)

FEIN # 38.3483729

ACN Communication Services, Inc.

Address: Street 32991 Hamilton Court

City Farmington Hills State/Zip Michigan 48334

2. Authority Requested: (Mark all that apply) ☒ 13 - 403 ☒ 13 - 404 ☐ 13-405

3. Request for waivers/variances: In applications for exchange service authority under Sections 13.404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting.

& Part 710 ☒ Part 735 Section 735.180 ☐ Other

4. In what area of the state does the Applicant propose to provide service?

Statewide

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

6. Please check type of organization?

☐ Individual
☐ Partnership
☒ Other (Specify) X Corporation
 Date corporation was formed April 30, 1999
 In what state? Michigan

8. List jurisdictions in which Applicant is offering service(s). Non-applicable.

- YES (Please provide details) X NO

- Y E S X NO

If YES, describe fully. _____

11. Will the Applicant keep its books and records in Illinois? _____ YES X NO

2

MANAGERIAL

12. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

ATTACHMENT C

13. List officers of Applicant.

Grea Provanzano, President

Jayne Diorka, Vice President, Treasurer & Secretary

14. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? ☐ YES ☒ NO

If YES, list entity. _____

15. How will Applicant bill for its service(s)? Applicant will bill directly to its customers. However, for casual calling, Call Detail Recording, Applicant will bill through the LEC.

16. How does Applicant propose to handle service, billing, and repair complaints?

Applicant will have customer service representatives who are prepared to respond to a broad range of service matters available 6:00 a.m. – 12:00 a.m., standard eastern time, seven days a week.

17. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES - ☐ NO

18. What telephone number(s) would a customer use to contact your company?

Customers will be provided a toll free number in the customer's bill. Applicant will provide this number to the Commission before it commences service.

19. What are your procedures to prevent unauthorized "slamming" of customers?

Applicant will use Third Party Verification in order to prevent slamming. Additionally, the Applicant will require and maintain signed Letters of Authorization on file for every customer. Applicant's policies and procedures have strong penalties imposed on representatives of the company who engage in unauthorized slamming.

20. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 735, 755, 756, 757, 770, and 772?

Non-applicable.

☐ YES ☐ NO (If no, please provide an explanation.)

21. Will the applicant sign and return membership forms to the Universal Telephone Assistance Corporation and the Illinois Telecommunications Access Corporation? ☒ YES ☐ NO

FINANCIAL

22. Please attach evidence of applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

ATTACHMENT D

TECHNICAL

23. Does Applicant utilize its own equipment and/or facilities? ____ YES X NO

If YES, please list: _____

If NO, which facility provider(s)'s services does Applicant use?

Applicant will use Qwest and other certified carriers.

24. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, local service).

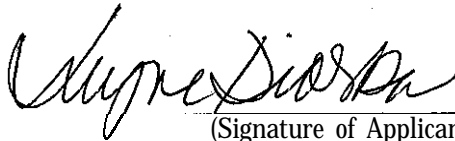
Applicant currently intends to provide InterLATA toll resale and IntraLATA toll resale services. For a complete description of services please refer to Applicant's proposed tariff as ATTACHMENT E.

25. Will technical personnel be available at all times to assist customers with service problems?
 X YES NO

Applicant will provide an answering service that will be available 24 hours a day, seven days a week to reach technical personnel through a paging system.

26. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? YES NO

Non-applicable.



(Signature of Applicant)

VERIFICATION

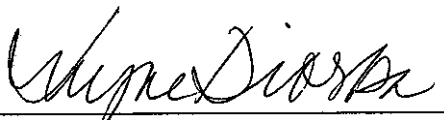
This application shall be verified under oath.

OATH

State of Michigan)
)ss
county of Oakland)

Jayne Diorka makes oath and says that she is Vice President, Treasurer & Secretary
of ACN Communication Services, Inc.

that she has examined the foregoing application and that to the best of her knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.


(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ Lis m. Lepellette
Acting in Oakland County
my commission expires on Feb 28, 2004
in the State and County above named, this 13 day of JANUARY 2003

(Signature of person authorized to administer oath)